

**STATE OF IOWA
PROMISE JOBS
WORK EXPERIENCE PLACEMENT PROGRAM
PARTICIPANT DATA FORM**

Personal Data:

Last Name	First	MI	Social Security #	
			()	
Address	City	State	Zip	(Area Code) Phone

Work Experience Data:

Program Referral ☐ WEP ☐ JTPA

Department _____ Division _____

Supervisor Name _____ Phone _____

Date Started _____ Work Location _____ County: _____

IMPORTANT: This form will not be accepted unless signed by your program counselor. The signatures below certify that you are enrolled in a state administered program that provides training and work experience. After completing three months of satisfactory job performance, you are eligible to submit an application for employment and be placed on promotional eligible lists for job classes for which you are qualified. (If you are applying for job classes which require typing you will be required to successfully pass the keyboard test prior to your name being placed on the eligible lists.)

Program Counselor Signature	Date	Participant Signature	Date
-----------------------------	------	-----------------------	------

EEO and AA Data Survey

Iowa State Government is committed to the principles of Equal Employment Opportunity and Affirmative Action. To evaluate the success of our EEO and AA programs, we must collect information about job applicants. Please share some information about yourself to assist us in doing this. This information is voluntary and is used only for program evaluations and reporting requirements. PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A THROUGH D IN THE CORRESPONDING BOXES.

A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | |
|--|---|
| <p>A. What sex are you?
0. Male 1. Female</p> <p>B. What is your age?
0. 18 or younger
1. 19-29
2. 30-39
3. 40-49
4. 50-59
5. 60-69
6. 70 or over</p> | <p>C. Of which racial/ethnic group do you consider yourself a member?
0. White 3. Native American or Alaskan Native
1. African-American 4. Latino
2. Asian or Pacific Islander 5. Decline to Respond</p> <p>D. Do you have a disability that is a physical or mental impairment that substantially limits one or more major life activities; do you have a record of such an impairment; or are you regarded as having such an impairment?

0. No 1. Yes 2. Decline to respond</p> |
|--|---|

**Return This Form to: Iowa Department of Administrative Services – Human Services Enterprise
Work Experience Coordinator / Grimes Office Building / Des Moines, Iowa 50319-0150**